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## BIB DATA SHEET

CONFIRMATION NO. 1714

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/085,239	02/27/2002	514	1629	42033-505N01US
<b>RULE</b>				
<b>APPLICANTS</b> Simon Ward, Sheffield S. Yorks, UNITED KINGDOM; Claes Bavik, Sheffield S. Yorks, UNITED KINGDOM; Michael Cork, Sheffield S. Yorks, UNITED KINGDOM; Rachid Tazi-Aahnini, Sheffield S. Yorks, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a CIP of PCT/GB01/03694 08/17/2001				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0020351.3 08/17/2000				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 04/10/2002				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /LESLIE A ROYDS Acknowledged DRAPER/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>  UNITED KINGDOM	<b>SHEETS DRAWINGS</b>  11
			<b>TOTAL CLAIMS</b>  39	<b>INDEPENDENT CLAIMS</b>  8
<b>ADDRESS</b>  MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C ONE FINANCIAL CENTER BOSTON, MA 02111 UNITED STATES				
<b>TITLE</b>  TREATMENT OF HYPERPROLIFERATIVE DISEASES				
<b>FILING FEE RECEIVED</b>  921	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit

Drawings filed 27Feb02  
 are acceptable